

TAKING CARE OF BUSINESS



FREDERICK COUNTY
Department
of Aging

Supporting seniors
and their families

CONFIDENTIAL AND PERSONAL RECORDS OF

COURTESY OF:

The Frederick County Department of Aging
1440 Taney Avenue
Frederick, MD 21702
301-600-1604 or 301-600-3522
www.co.frederick.md.us/doa

The Taking Care of Business document is meant to offer you guidance when gathering and recording your personal and confidential information; information that will be invaluable to you in times of emergency, disaster, crisis and/or life transitions. We encourage you to complete the document and keep it in a secure location. As it is a working document, the information might change as time passes, so we also encourage you to revisit it and revise it when necessary. You should ensure that the document could be accessed by at least one trusted, involved, and informed party should you become incapacitated or your situation become compromised.

****Also, you may need to and/or want to consult a legal and/or health professional for assistance with completing this document.**

MY GENERAL INFORMATION

- ◆ My name is _____
- ◆ Date of initial completion _____ *(initial and date revisions)*
- ◆ The city and date of my birth is _____
- ◆ My birth certificate is located _____
- ◆ My Social Security Number is _____
- ◆ My Social Security Card is located _____
- ◆ The address/phone number of my legal residence is _____

- ◆ The specific place where I keep my wallet or purse is _____
- ◆ Specific places where I keep my important documents are _____

- ◆ Specific places where I keep my bills and statements are _____

- ◆ The specific place where I keep my tax returns & related documents is _____

- ◆ The name, address/phone number of the person in charge of seeing to my affairs when I die is _____

- ◆ My primary doctor address/phone number is _____

- ◆ My lawyer's name, address/phone number is _____

- ◆ My financial advisor's name, address/phone number is _____

- ◆ I was in the military (give branch and years of service) _____
- ◆ I was a member of the following fraternal/service organizations _____

I. LOCATION OF LEGAL DOCUMENTS AND OTHER ITEMS

- ◆ My most recent will and final testament can be found _____

- ◆ A living will exists for me and a copy of it can be found _____

- ◆ My durable power of attorney for health care can be found _____

- ◆ A Do Not Resuscitate Order exists for me and a copy of it can be found _____

- ◆ I have a trust fund document, which is kept _____
- ◆ Name of Trustee & address/phone number is _____

- ◆ I am a beneficiary under a Trust made by (name & address/phone number) _____

- ◆ I have mortgage documents, deeds, titles, etc. which can be found _____

- ◆ I have important manuscripts or personal papers located _____

- ◆ Other important legal documents I have and where they are kept _____

II. MY DEBTS

- ◆ I have personal loans with the following banks _____

- ◆ I hold credit cards with following banks _____

- ◆ I have installment loans with following businesses (ex. Mortgage, car, boat, equity line, etc.) _____

III. MY SAFELY HELD POSSESSIONS

- ◆ I have a safe-deposit box/boxes located at/in (bank name) in (city/town) _____

- ◆ I have a Post Office box (give number), located at the Post Office in (town) _____

- ◆ I keep cash/coins, jewelry, precious metals or other valuables in (name the container & location) _____
- ◆ Keys to important locked areas, vehicles, etc. are kept at/in (name the specific places) _____

- ◆ The number combination(s) of safes, locks, etc. is/are _____

- ◆ Important Personal ID Numbers (PINS) for bank or online accounts as well as logins and passwords, etc. are (note what it is and its PIN) _____

IV. MY INSURANCE POLICIES

- ◆ My life insurance policy/policies can be found _____
- ◆ My car insurance policy/policies can be found _____
- ◆ My health insurance is (Medicare, Medicaid; if a private health plan, give policy number) _____
- ◆ My long-term care insurance is _____
- ◆ List all other insurance policies with life, death or disability benefits and where information for each can be found _____

- ◆ I am a beneficiary in someone else's insurance policy (give person's name and phone #) _____

V. MY INCOME/ASSETS

A. INCOME (DOCUMENTATION FOR THE FOLLOWING INCOME):

- ◆ Social Security _____
- ◆ Civil Service _____
- ◆ Current Job _____
- ◆ VA _____
- ◆ Pension/retirement _____
- ◆ Rental income _____
- ◆ Annuities _____
- ◆ Other _____

B. ASSETS/RESOURCES (DOCUMENTATION FOR THE FOLLOWING ASSETS):

- ◆ Annuities _____
- ◆ 401K/Deferred Comp _____
- ◆ Investment accounts _____
- ◆ Savings/CDs/money market _____

- ◆ Checking _____
 - ◆ Bonds _____
 - ◆ Notes _____
 - ◆ Business investments _____
 - ◆ Timeshares _____
 - ◆ Property other than home _____
 - ◆ Vehicles _____
 - ◆ Boats/motorcycles _____
 - ◆ RV/trailers _____
 - ◆ Other _____
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VI. MY FINAL WISHES

- ◆ I have left explicit instructions as to my burial arrangements in (give specific location) _____
 - ◆ I have a prepaid burial plan with (give name and address/phone number) _____
 - ◆ My obituary is already written and can be found _____
 - ◆ My religious affiliation is _____
 - ◆ The church/synagogue/mosque/congregation I belong to _____
 - ◆ I have a burial plot located at _____
 - ◆ Check One: I want to be ☐ Cremated ☐ Buried
 - ◆ Instructions regarding my funeral arrangements, burial, etc. _____
 - ◆ I would like donations to be made to the following agencies in my memory _____
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VII. PERSONAL CONTACTS

- ◆ Power of Attorney/Attorney _____
- ◆ Family _____
- ◆ Neighbors/Friends _____
- ◆ Doctors _____
- ◆ Church/Funeral Home _____
- ◆ Other _____

VIII. OTHER NECESSARY INFORMATION - DEPENDENTS

CHILDREN / GRANDCHILDREN: _____

- ◆ Legal Guardian _____
- ◆ Pediatrician/Doctor _____

PETS/ANIMAL COMPANIONS: _____

- ◆ Designated Secondary Caregiver _____
- ◆ Veterinarian _____

NOTES

MISSION STATEMENT

The mission of the Department of Aging is to develop and administer programs and activities that support Frederick County older adults in their efforts to remain healthy, active, and independent members of the community, and to provide, coordinate and advocate for services which promote the dignity and enrichment of life for all older adults, their families and caregivers.

